

Name  
in  
Full

Emmett Adams

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at near <i>Mountain</i>		Town <i>Harford</i>		County <i>Harford</i>		MARYLAND	
Date of death 1907	Month <i>12</i>	Day <i>27</i>	Years <i>about 50</i>	Months	Days		
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Harford Co.</i>				
Married, <del>Single</del> <i>Married</i> or <del>Widowed</del>			Occupation				
Name of Wife or Husband <i>Mary Adams</i>							
Father's Name <i>Samuel Adams</i>				Father's Birthplace <i>Harford Co.</i>			
Mother's Maiden Name <i>Matilda Gilbert</i>				Mother's Birthplace <i>Harford Co.</i>			
Name of person giving information <i>Mary Adams</i>				How related to deceased <i>Wife</i>			

## CAUSES OF DEATH

106

PHYSICIAN  
OR CORONER

Primary	<i>Gastro Enteritis &amp; Bronchitis 4 months</i>		How long	<i>4 months</i>
Immediate	<i>Heart-failure</i>		How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Address	
<i>Yes</i>		<i>J. F. H.</i>	<i>Forrest</i>	
Accident or Suicide?				



2

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

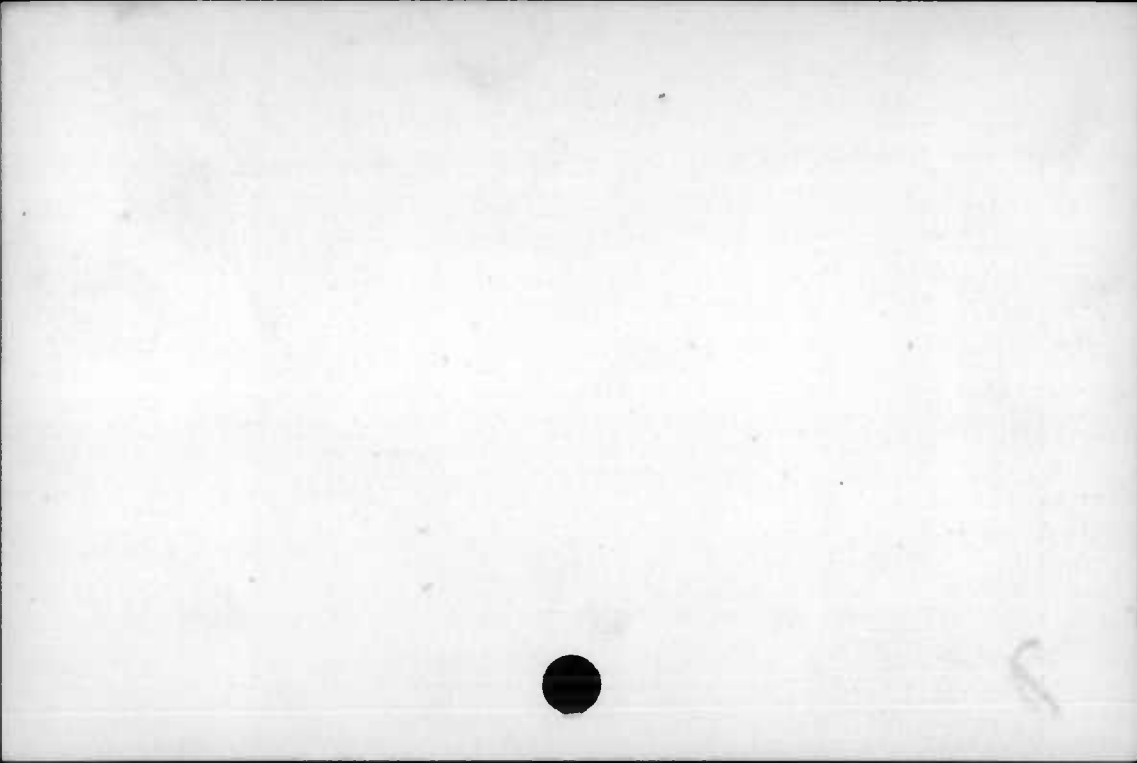
Died at <i>Home de France</i>		County <i>Harford</i>		MARYLAND	
Date of death	1907	Month	12	Day	6
Age		Years	9	Months	16
Sex	<i>Female</i>	Color or Race	<i>W</i>	Birth-place	<i>Ind</i>
Occupation	<i>Infant</i>		Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	<i>Calvin P Addison</i>			Father's Birthplace	<i>Ind</i>
Mother's Maiden Name	<i>Mary Thorrner</i>			Mother's Birthplace	<i>Ind</i>
Name of person giving information	<i>Calvin P Addison</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	<i>Intestinal Congestion</i>	How long	<i>4 days</i>
Immediate	<i>Convulsions</i>	How long	<i>19 few hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>John H. [Signature]</i>
Accident or Suicide?		Address	<i>Home de France</i>



Name  
in  
Full

Edwin Dashiell Adrian

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>White Hall</i> <sup>Town</sup>		<i>Hampden</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907</i>	<i>Dec</i> <sup>Month</sup>	<i>—</i> <sup>Day</sup>	<i>—</i> <sup>Years</sup>	<i>—</i> <sup>Months</sup>	<i>—</i> <sup>Days</sup>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>White Hall</i>		
Occupation			Where Residing if not at place of death		
Married, Single <i>—</i> or Widowed			Name of Wife or Husband		
Father's Name <i>Walter Adrian</i>			Father's Birthplace <i>Don't know</i>		
Mother's Maiden Name <i>Blauche South Knoll</i>			Mother's Birthplace <i>Don't know</i>		
Name of person giving information <i>Wilton Henderson</i>			How related to deceased <i>none</i>		

## CAUSES OF DEATH

100

PHYSICIAN  
OR CORONER

Primary <i>Thrush</i>	How long
Immediate <i>Marasmus</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>F. J. Turner M.D.</i>
<i>X</i>	Address <i>White Hall</i>
	<i>Ma</i>
Accident or Suicide?	



Name  
In  
Full

## CERTIFICATE OF DEATH

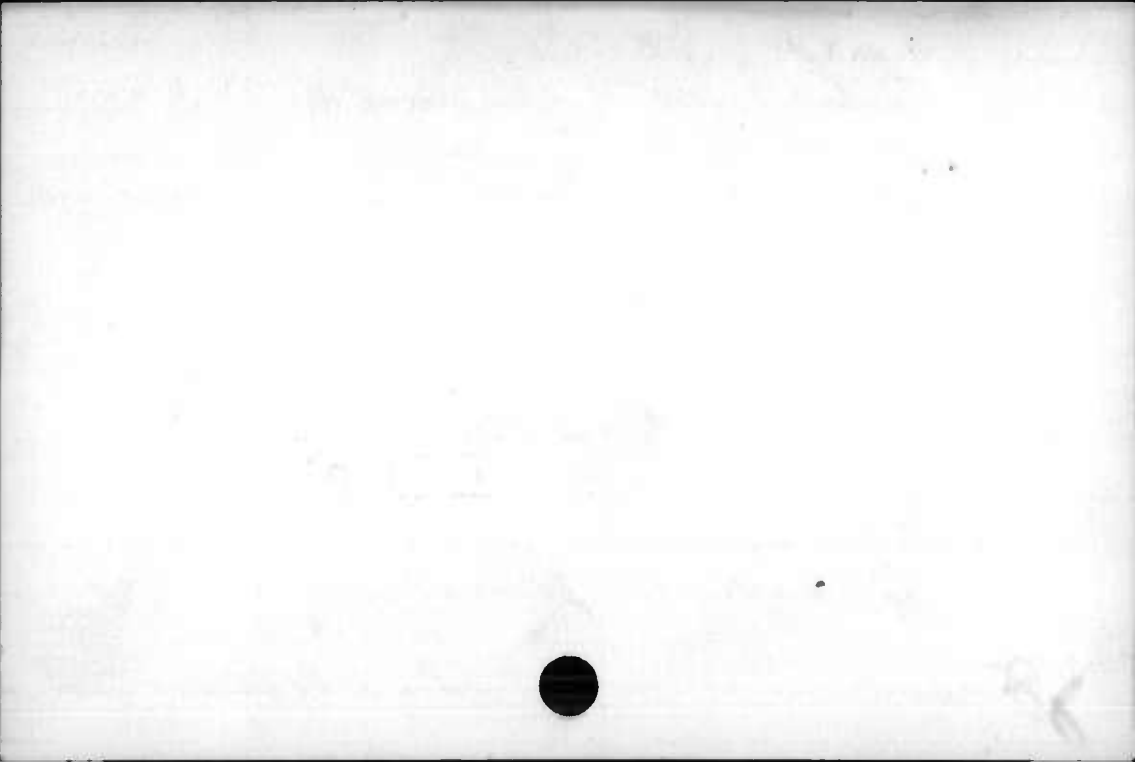
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>White Hall</i> <sup>Town</sup>		<i>Harford</i> <sup>County</sup>		MARYLAND	
Date of death 1907	Month 12	Day 10	Age 89	Months 6	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Penn</i>		
Occupation <i>Housekeeper</i>	Where Residing if not at place of death <i>White Hall Md.</i>				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>James Alloways</i>				
Father's Name <i>John Grov</i>	Father's Birthplace <i>Penn</i>				
Mother's Maiden Name <i>Don't know</i>	Mother's Birthplace <i>Don't know</i>				
Name of person giving information <i>M<sup>rs</sup> Alloways</i>	How related to deceased <i>Son</i>				

## CAUSES OF DEATH

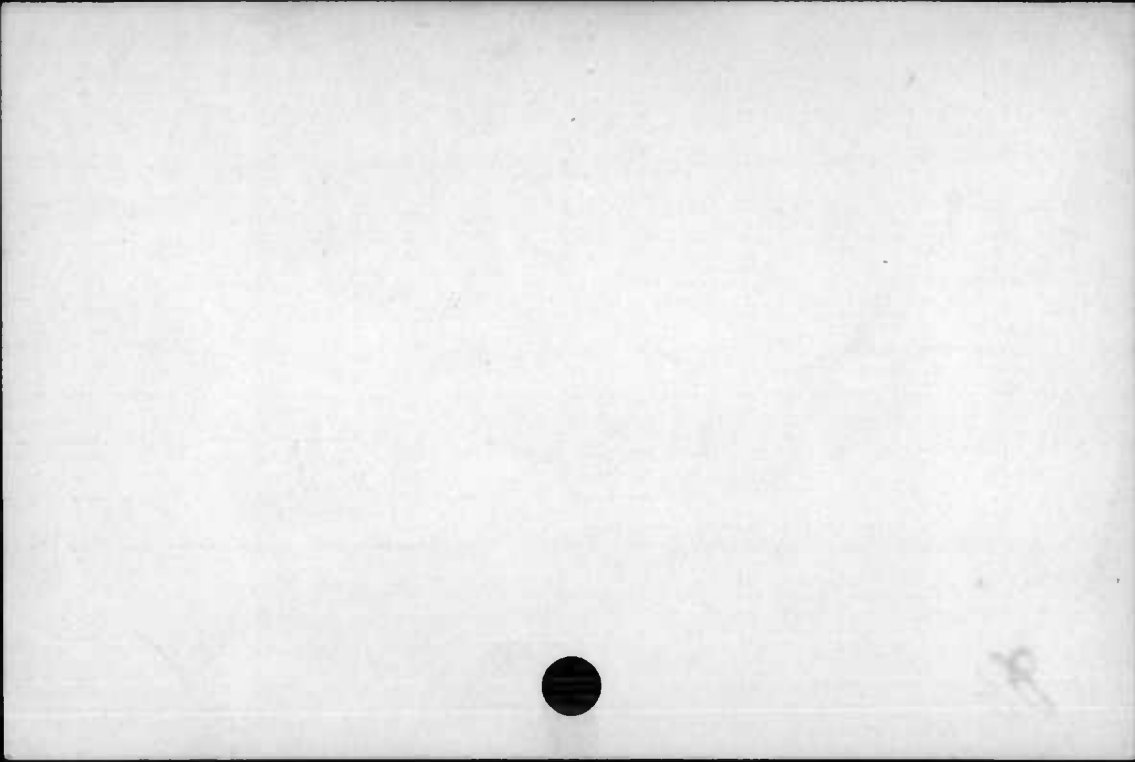
PHYSICIAN  
OR CORONER

Primary <i>Senile</i>	How long <i>(64)</i>
Immediate <i>Fracture Neck Femur</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>F. T. Turner</i>
	Address <i>White Hall</i>
Accident or Suicide?	<i>RFD No 3. Md</i>





Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Forest Hill</i> <small>Town</small>		<i>Harford</i> <small>County</small>		<b>MARYLAND</b>
	Date of death <i>1907</i> <small>Month</small> <i>12</i> <small>Day</small> <i>24</i> <small>Years</small> <i>2</i>		<small>Months</small> <i>—</i> <small>Days</small> <i>—</i>		
	Sex <i>Girl</i>		Color or Race <i>Black</i>		Birth-place <i>Md.</i>
	Occupation <i>—</i>		Where Residing If not at place of death <i>—</i>		
	Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>		
	Father's Name <i>William Taylor</i>		Father's Birthplace <i>Md.</i>		
	Mother's Maiden Name <i>Jessie Betts</i>		Mother's Birthplace <i>"</i>		
Name of person giving information <i>John Betts</i>		How related to deceased <i>"</i>			
<b>CAUSES OF DEATH</b> <span style="border: 1px solid black; border-radius: 50%; padding: 2px 10px;">8</span>					
PHYSICIAN OR CORONER	Primary <i>Measles</i>		How long <i>2 wks</i>		
	Immediate <i>Whooping Cough</i>		How long <i>1 wks</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>F. P. Northern</i>		
	<i>J</i>		Address <i>Forest Hill Md</i>		
Accident or Suicide?					



Name  
in  
Full

James Bradford


## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Mountain		County Harford		MARYLAND	
Date of death	1907	Month Dec.	Day 30	Age 70	Months 4	Years 2	Days
Sex	Male		Color or Race	Birth- place		Abingdon Harford Co.	
Occupation	Farm Hand			Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving In formation				How related to deceased			

## CAUSES OF DEATH

(93)

Primary	Pneumonia	How long	3 weeks
Immediate	Edema of Lungs	How long	6 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Charles Bagley M.D.	
Address		Bagley, Md.	
 Accident or Suicide?			

Physician  
PHYSICIAN  
OR CORONER



Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *John W. Carter*

Died at *Scotborough* Town *Hampden* County

Date of death *1907* Month *12* Day *24* Age *84* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Pa*

Occupation *Retired Custom House Inspector* Where Residing if not place of death

Married, Single or Widowed ☒ Married Name of Wife or Husband

Father's Name *Unknown* Father's Birthplace *Unknown*

Mother's Maiden Name *Unknown Davis* Mother's Birthplace

Name of person giving information *J. W. Carter Jr* How related to deceased *Son*

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary *Old Age* How long *Three Months*

Immediate *"* How long

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. H. E. Notting*

Address *Cardiff Md*

Accident or Suicide? ☒

Assension

12-26-07

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1907		Dec	27	Age	43		
Sex	Male	Color or Race	White	Birth-place	Beth Pa		
Occupation	Carpenter			Where Residing if not at place of death	Fountain Green		
Married, Single or Widowed	Single			Name of Wife or Husband	Agnes E. Carter		
Father's Name	B. F. Carter			Father's Birthplace	Pa.		
Mother's Maiden Name	Eve A. Carter			Mother's Birthplace	Pa.		
Name of person giving information	Lallie Whistler			How related to deceased	Sister		

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary Tuberculosis How long several years

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

William J. Archer  
Beth Ave Md

Address

Accident or Suicide?

Dec 28  
Int Zion



Name  
in  
Full

Mary Cochran

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

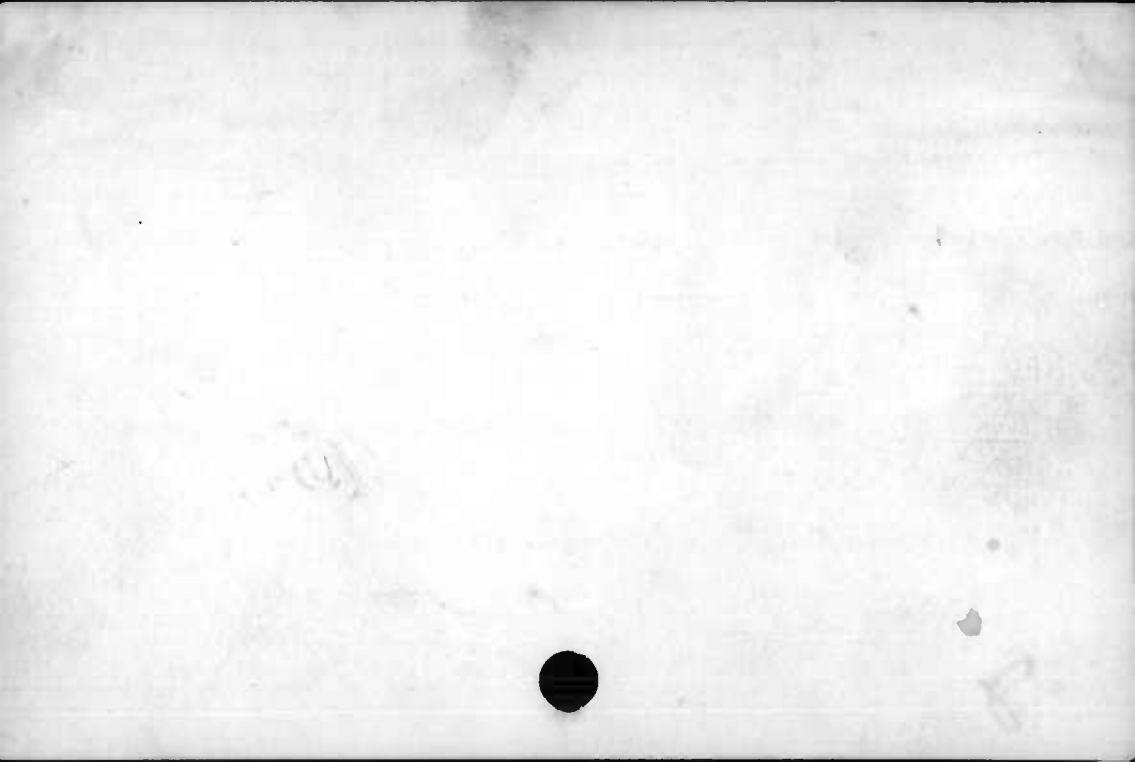
Died at <i>Upper Roads</i> <sup>Town</sup>		<i>Hearford</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907 Dec 27</i>		Age <i>90</i>		Months <i>not known</i> Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ireland</i>	
Occupation <i>None</i>		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband <i>Daniel Cochran</i>			
Father's Name <i>Connor</i>		Father's Birthplace <i>Ireland</i>			
Mother's Maiden Name <i>Lane</i>		Mother's Birthplace <i>Ireland</i>			
Name of person giving information <i>Wm. J. Cochran</i>		How related to deceased <i>Son</i>			

## CAUSES OF DEATH

104

PHYSICIAN  
OR CORONER

Primary	<i>Acute Gastritis</i>	How long	<i>2 weeks</i>
Immediate	<i>Exhaustion</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>H. F. Bradley</i>	
		Address <i>Janettville Ind.</i>	
Accident or Suicide? <i>J</i>			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

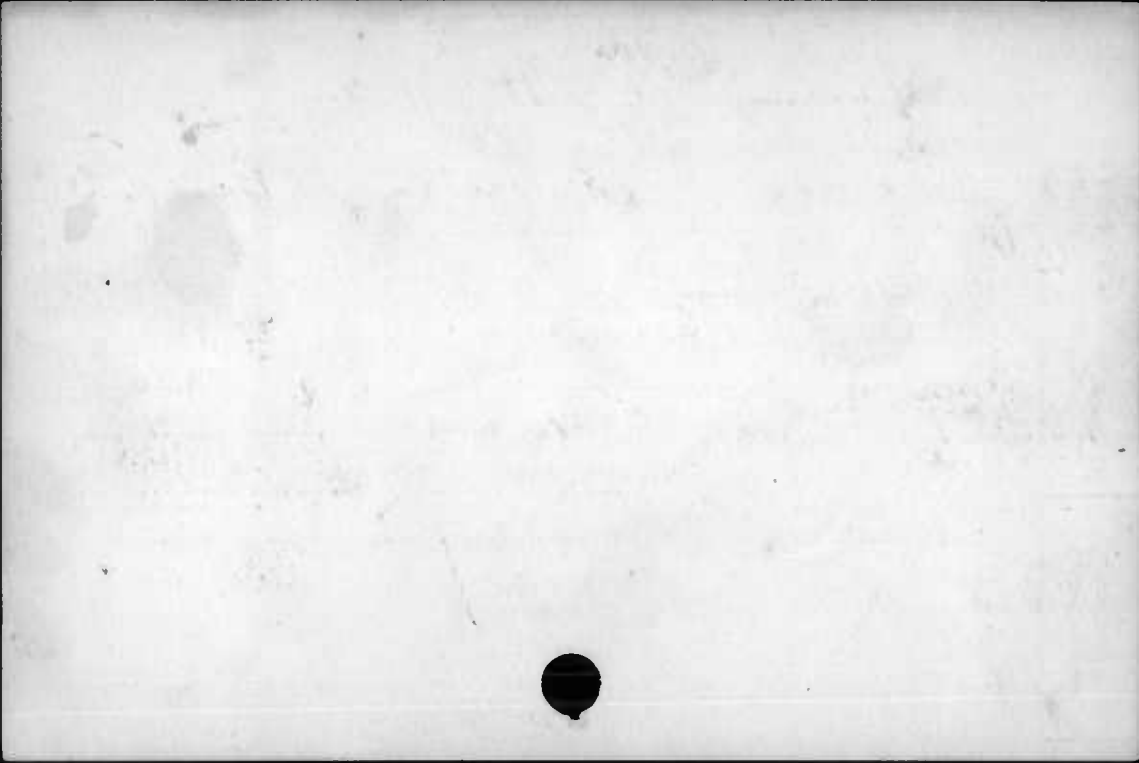
Died at <u>Norrisville</u> <sup>Town</sup>		<u>Hartford</u> <sup>County</sup>		MARYLAND	
Date of death	<u>1907</u>	<u>Dec</u> <sup>Month</sup>	<u>30</u> <sup>Day</sup>	<u>14</u> <sup>Years</sup>	<u>10</u> <sup>Months</sup> <u>2</u> <sup>Days</sup>
Sex	<u>female</u>	Color or Race	<u>Black</u>	Birth-place	<u>Balto., Co</u>
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband			
Father's Name	<u>James Crummel</u>			Father's Birthplace	<u>Hartford Co</u>
Mother's Maiden Name	<u>Mary Cox</u>			Mother's Birthplace	<u>Baltimore Co</u>
Name of person giving information	<u>Mary G. Crummel</u>			How related to deceased	<u>Mother</u>

## CAUSES OF DEATH

74

PHYSICIAN  
OR CORONER

Primary	<u>Cerebral tumor</u>	How long	<u>Two years</u>
Immediate	<u>Intracranial pressure</u>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>Yes</u>		<u>W. B. Dunnick</u>	
		Address	
		<u>Stewartstown, Pa.</u>	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

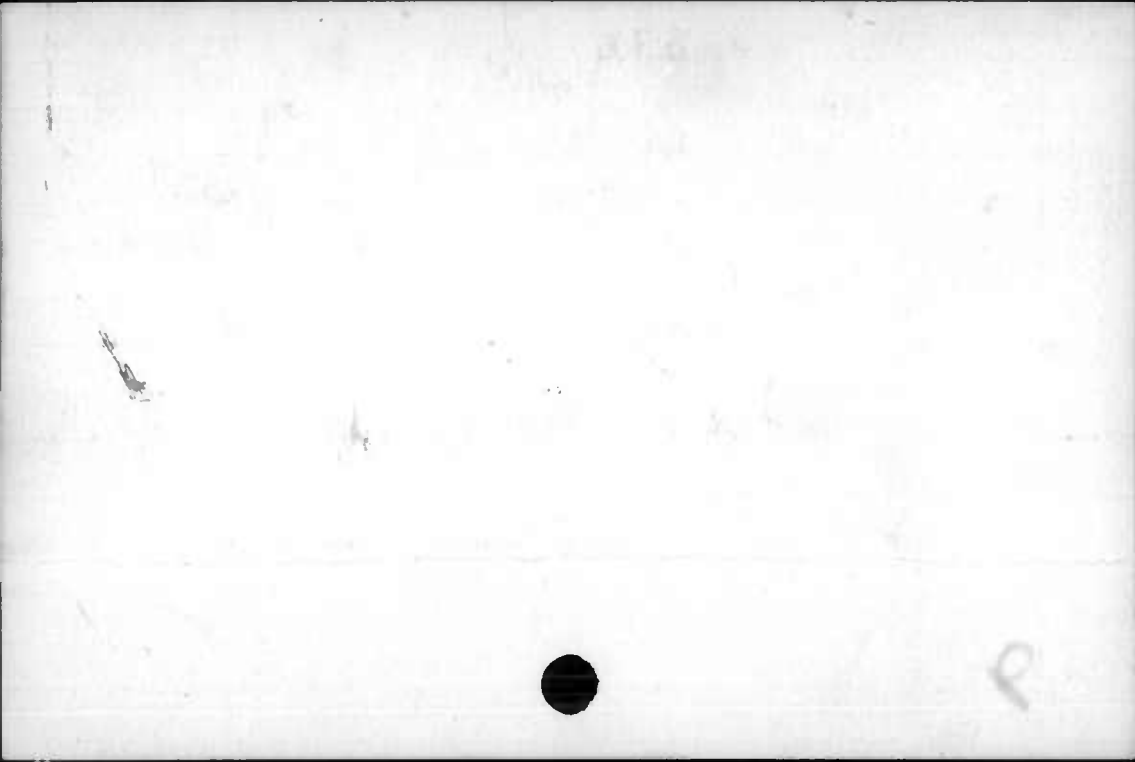
Name in Full <i>Pearly Jane Cullum</i>		Town <i>Pryman</i>		County <i>Barforn</i>		MARYLAND	
Died at <i>Pryman</i>		Month <i>12</i>		Day <i>13</i>		Year <i>3</i>	
Date of death <i>1907</i>		Month <i>12</i>		Day <i>13</i>		Age <i>3</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birthplace <i>Churchville</i>		Months <i>6</i>	
Occupation <i>none</i>		Where Residing if not at place of death <i>Pryman</i>		Name of Wife or Husband <i>—</i>		Name of Child or Wife <i>—</i>	
Father's Name <i>Henry Cullum</i>		Father's Birthplace <i>Barford Towne</i>		Mother's Maiden Name <i>Beriah Jane Thompson</i>		Mother's Birthplace <i>W.C.</i>	
Name of person giving information <i>Beriah Jane Thompson</i>		How related to deceased <i>Mother</i>		Name of person giving information <i>Beriah Jane Thompson</i>		How related to deceased <i>Mother</i>	

## CAUSES OF DEATH

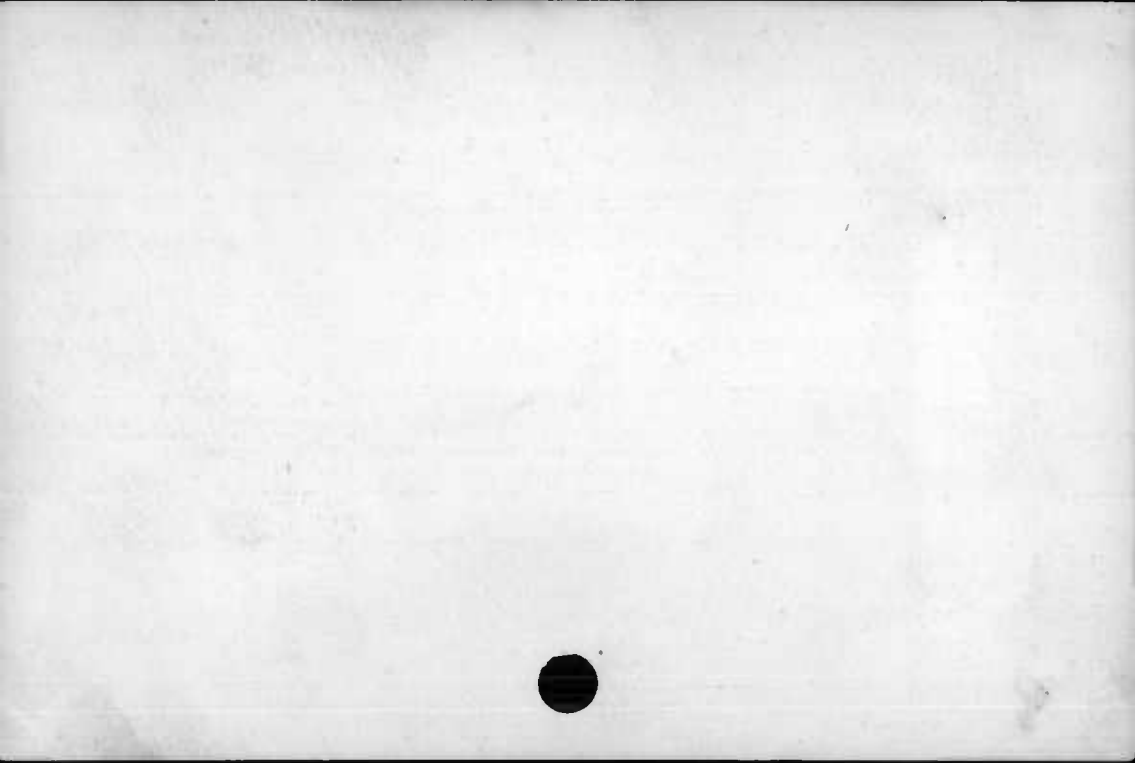
167

PHYSICIAN  
OR CORONER

Primary <i>Accident. Burned &amp; death,</i>		How long <i>12 hrs</i>	
Immediate		How long <i>12 hrs</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Jay H. Sties</i>	
<i>2</i>		Address <i>Pryman</i>	
<i>Accident. Suicide?</i>		<i>W.C.</i>	

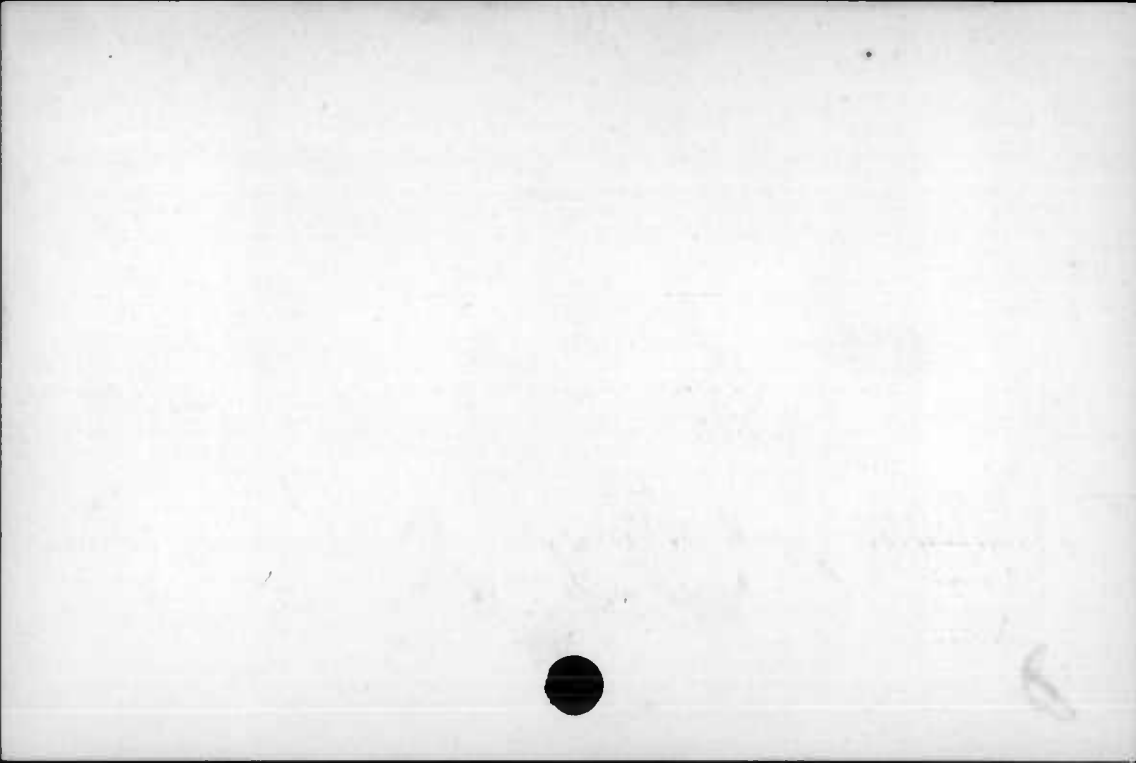


Name In Full		Town				County		CERTIFICATE OF DEATH			
Jas. T. Eccles,		Aberdeen.				Harford		MARYLAND			
Date of death		1907	Month 12	Day 15	Age	Years 33	Months		Days		
Sex male		Color or Race white		Birth-place		Pikesville Md.					
Occupation		Laborer		Where Residing if not at place of death		Aberdeen					
Married, Single		Name of Wife or Husband		Rebecca Eccles;							
Father's Name		James Eccles.				Father's Birthplace		Ireland			
Mother's Maiden Name		Cordelia Hurley				Mother's Birthplace		Ireland			
Name of person giving information		Edward Eccles				How related to deceased		Brother			
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 2px solid black; border-radius: 50%; padding: 5px;">93</div>											
PHYSICIAN OR CORONER		Primary				How long		1 week			
		Immediate				How long					
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		L. H. Kennedy			
						Address		Aberdeen Md.			
		Accident or Suicide									





Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	John Elsnec		Harford		MARYLAND
	Died <i>Caroline</i> Town		County		
	Date of death	1907	Month	2	Day
		7		4	
	Age	73	Years	9	Months
				14	Days
	Sex	Male	Color or Race	White	Birth-place
				Germany	
TO BE ANSWERED BY NEAREST FRIEND	Occupation		Where Residing if not at place of death		
	Farmer & Carrier				
	Married, Single or Widowed	Widowed	Name of Wife or Husband	Christina Heck	
	Father's Name	Not known	Father's Birthplace		
	Mother's Maiden Name	Not known	Mother's Birthplace		
	Name of person giving information	Frank A Elsnec	How related to deceased	Son	
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary	Unknown	How long	Unknown	
	Immediate	Heart failure	How long	few minutes	
	Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Chas. H. Krich	
			Address	Abundant. 7	
				Ms.	
Accident or Suicide?					



Name  
in  
Full

Clara Coleman Ewing

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Chrome Hill</i>		Town		<i>Harford</i>		County		MARYLAND	
Date of death	<i>1907</i>	Month	<i>Dec</i>	Day	<i>30</i>	Age	<i>78</i>	Months	<i>8</i>
Sex	<i>Female</i>			Color or Race	<i>White</i>			Birthplace	<i>Harford Co. Md</i>
Occupation	<i>none</i>			Where Residing if not at place of death					
Married, Single or Widowed	<i>Single</i>			Name of Wife or Husband					
Father's Name	<i>George W Ewing</i>						Father's Birthplace	<i>Maryland</i>	
Mother's Maiden Name	<i>Margaret Wallace</i>						Mother's Birthplace	<i>id</i>	
Name of person giving information	<i>Mrs W D West</i>						How related to deceased	<i>Sister</i>	

## CAUSES OF DEATH

10

PHYSICIAN  
OR CORONER

Primary	<i>Paralysis</i>	How long	<i>Two years</i>
Immediate	<i>Exhaustion &amp; La Grippe</i>	How long	<i>Two weeks</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>O. J. McNamee</i>
		Address	<i>Jarrettsville Md</i>
Accident or Suicide?			

Burial at Walter Memorial  
Cemetery

Name  
in  
Full

Lydia R. Foster

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> Harre de Grace<sup>County</sup> Harford

MARYLAND

Date of death 1907

Month Dec.

Day 5

Age 88

Months 2

Days 11

Sex Female

Color or Race White

Birth-place Aberdeen Harford Co.

Occupation House work

Where Residing if not at place of death

Married, Single or Widowed Widow

Name of ~~Wife or~~ Husband

Henry Foster

Father's Name James Chumey

Father's Birthplace Harford Co.

Mother's Maiden Name Ann Macanley

Mother's Birthplace " "

Name of person giving information J. W. Foster

How related to deceased Son

## CAUSES OF DEATH

193

PHYSICIAN  
OR CORONER

Primary Pneumonia

How long 4 days

Immediate Heart Complications

How long Short.

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

R. H. Smith

Address

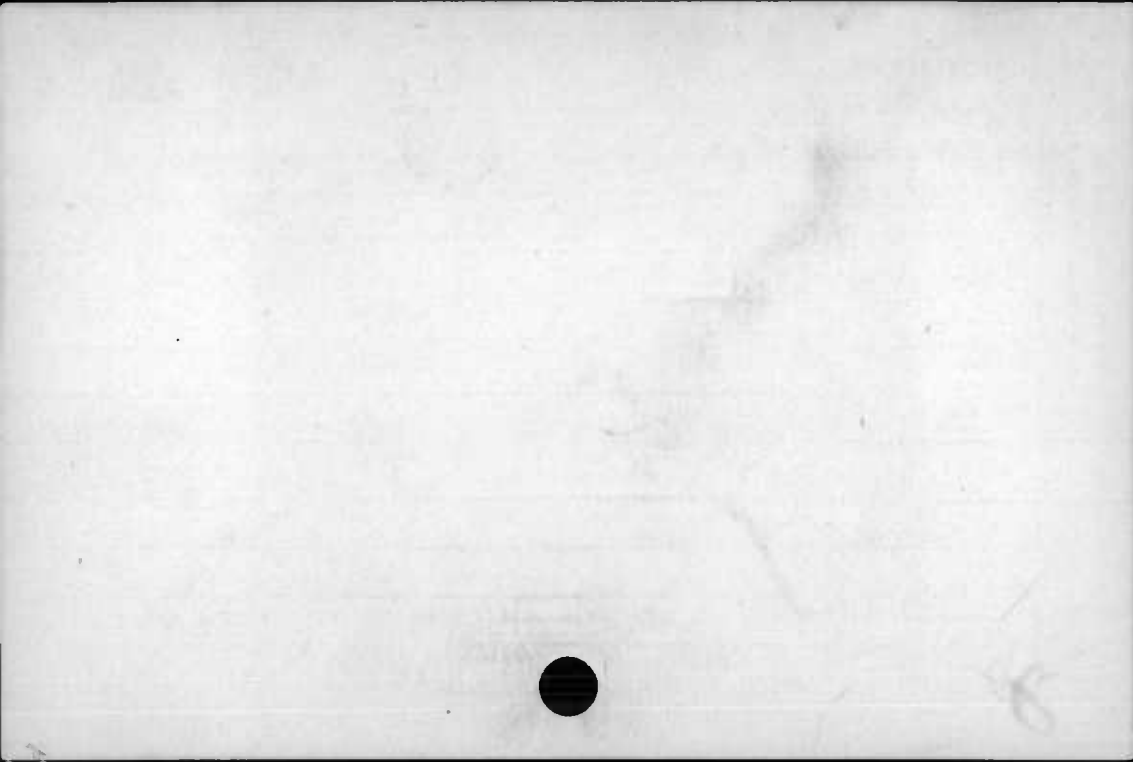
Harre de Grace

Accident or Suicide?

42



Name in Full		E. C. Garretteson				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Darlington		Harford		MARYLAND		
	Date of death	1907	Month 12	Day 2	Age 72	Months 6	Days 9	
	Sex	Male		Color or Race	White		Birth-place	Maryland
	Occupation	Painter		Where Residing if not at place of death				
	Married, Single or Widowed	Married		Name of Wife or Husband				
	Lydia M. Groscup							
	Father's Name	G. H. Garretteson		Father's Birthplace	Md.			
	Mother's Maiden Name	Leura Bruff		Mother's Birthplace	Md.			
Name of person giving information	J. H. Garretteson		How related to deceased	Son				
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	Proalysis		How long	2 yrs			
	Immediate	Convulsions		How long	one week			
	Are the name, age, sex, color, date and place correctly given above?		yrs		Signature of Physician			
					Address			
					Darlington Md			
Accident or Suicide?								





Name

Full

## CERTIFICATE OF DEATH

Charles William Gilbert  
 Died at Bassins Town Harford County

MARYLAND

Date of death 1907 Dec 4 Age 73 Months — Days —

Sex Male Color or Race white Birth-place

Occupation Carpenter Where Residing if not at place of death Bassins

~~Married~~ Widowed Name of Wife or Husband Charles W Gilbert

Father's Name Elphram Gilbert Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving information Clara May Bourneman How related deceased Daughter

## CAUSES OF DEATH

(79)

Primary Heart Disease How long 2 yrs

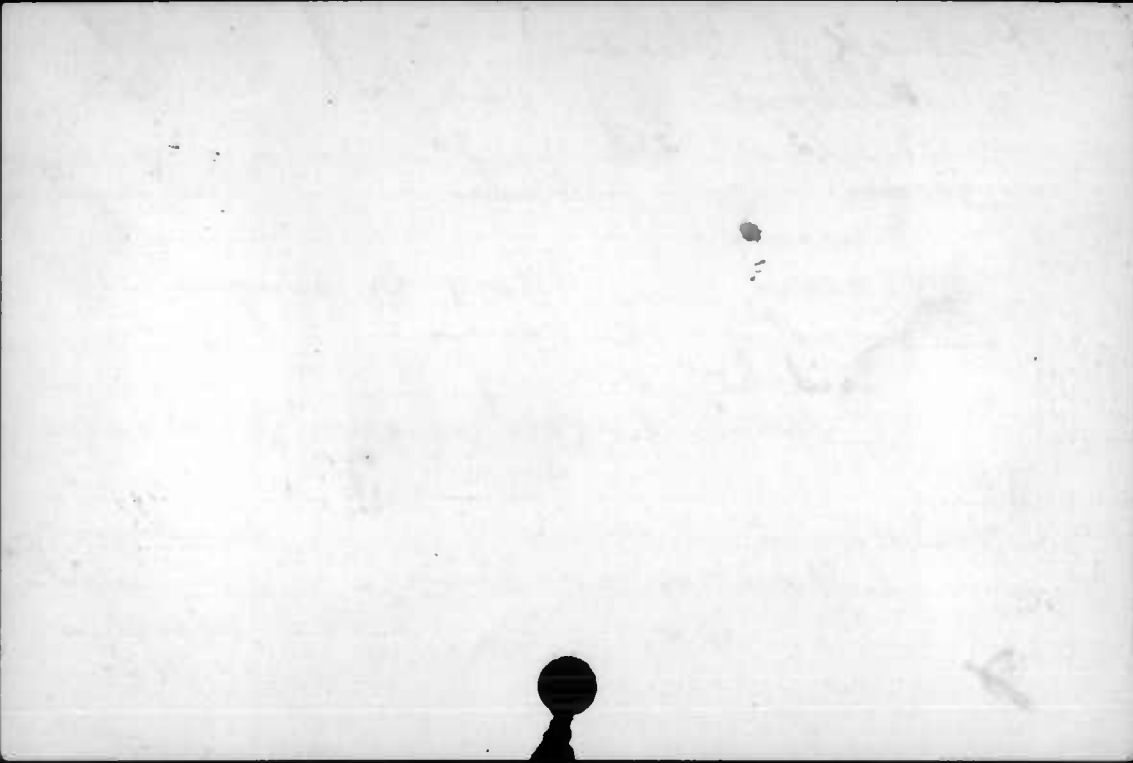
Immediate Exhaustion How long

Are the name, age, sex, color, date and place correctly given above? Signature of Physician J. H. [unclear]

Address Abundant Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Patrick J. Gleason

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

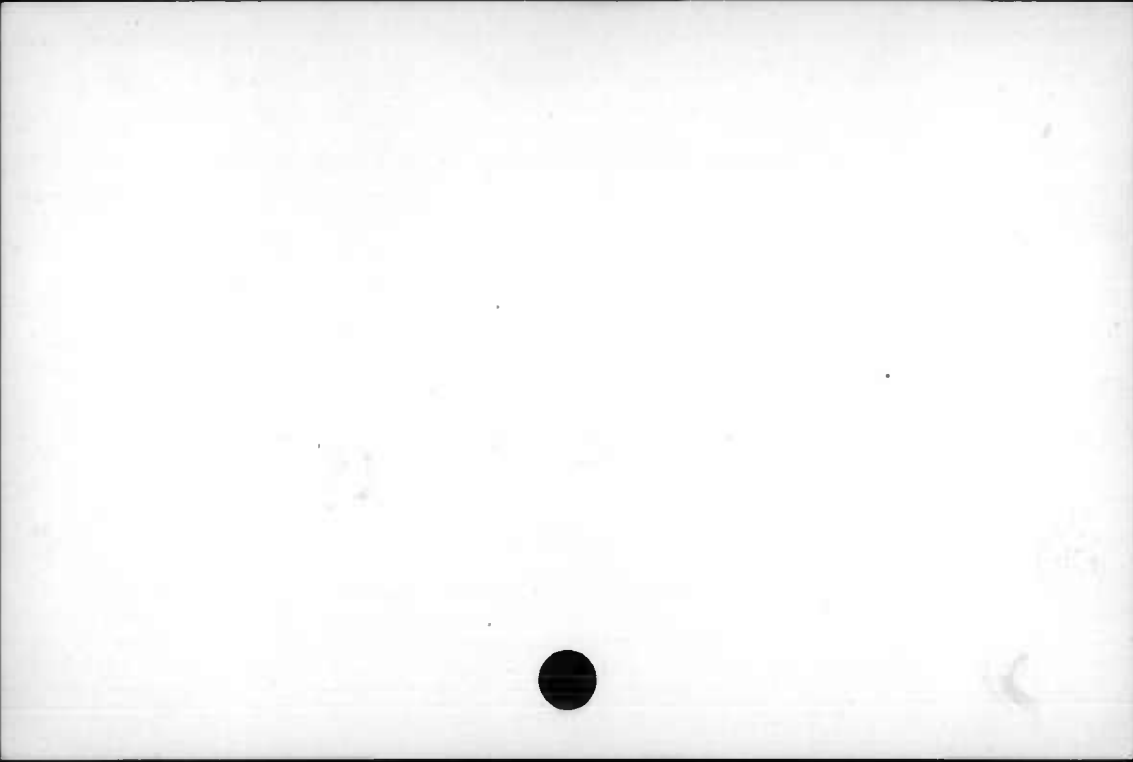
Died at <i>St. Albans</i> <small>Town</small>		<i>Stafford</i> <small>County</small>		MARYLAND	
Date of death	1907	Month	12	Day	28
Age		Years		Months	Days
Sex		Color or Race		Birth-place	
<i>Male</i>		<i>White</i>		<i>Ireland</i>	
Occupation		Where Residing if not at place of death			
<i>Farmer</i>					
Married, Single or Widowed		Name of Wife or Husband			
<i>Married</i>		<i>Mary E. Langan</i>			
Father's Name		<i>Yimothy Gleason</i>		Father's Birthplace	
				<i>Ireland</i>	
Mother's Maiden Name		<i>Bridget Stanley</i>		Mother's Birthplace	
				<i>Ireland</i>	
Name of person giving information		<i>Paul J. Gleason</i>		How related to deceased	
				<i>Son</i>	

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary	<i>Supposed Heart disease</i>	How long	<i>Unknown</i>
Immediate	<i>Supposed Heart disease</i>	How long	<i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>Fr. L. Hughes</i>	
<i>X</i>		Address	
		<i>Forest Hill</i>	
Accident or Suicide?			
		<i>MD.</i>	



Name  
in  
Full

Lorissa Herbst

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

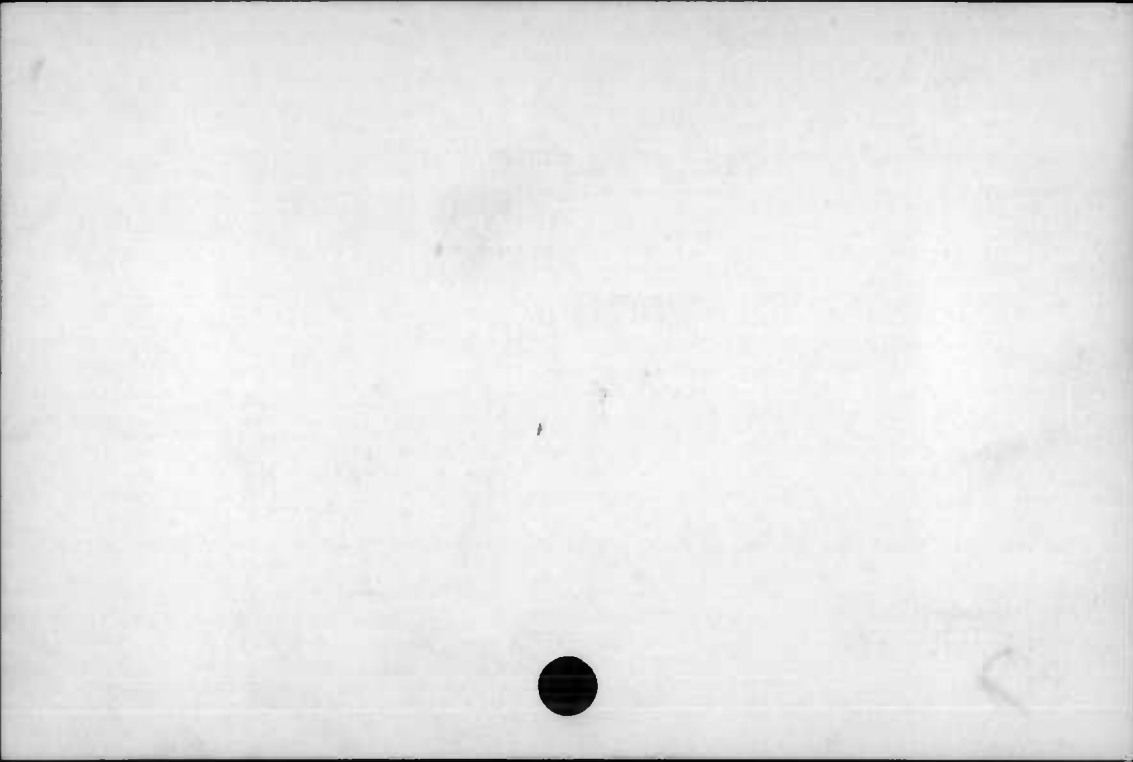
Died at		Town Havre de Grace		County Harford		MARYLAND	
Date of death	1907	Month Dec	Day 10	Age 62	Years	Months	Days
Sex	Female		Color or Race	White		Birth- place	Germany
Occupation	Housework			Where Residing if not at place of death		Same	
Married, Single or Widowed	Widow		Name of Wife or Husband		Unknown		
Father's Name	Louis Herbst				Father's Birthplace	Germany	
Mother's Maiden Name	Unknown				Mother's Birthplace	Unknown	
Name of person giving Information	M. H. Fahey				How related to deceased	None	

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary	Pneumonia	How long	1 week
Immediate	Pneumonia	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
J		J. L. Hopkins	
Accident or Suicide?		Address	
		Havre de Grace	
		Md	



Name in Full *Annie Garrell Hoopes*

CERTIFICATE OF DEATH

Died at *near Michaelville* <sup>Town</sup> *Harford* <sup>County</sup>

MARYLAND

Date of death *1907* <sup>Month</sup> *Dec* <sup>Day</sup> *3* <sup>Years</sup> *43* <sup>Months</sup> *—* <sup>Days</sup> *—*

Sex *Female* Color or Race *white* Birth-place *Germany*

Occupation *House wife* Where Residing if not at place of death *Near Michaelville*

Married, ~~Yes~~ <sup>Name of Wife or Husband</sup> *William Hoops*

Father's Name *Christian Mother* <sup>Father's Birthplace</sup> *Markenrich*

Mother's Maiden Name *Mary C French* <sup>Mother's Birthplace</sup>

Name of person giving information *Annie C Nathan* <sup>How related to deceased</sup> *Daughter*

CAUSES OF DEATH

*136*

Primary *Placenta Previa*

How long *✓*

Immediate *Hemorrhage*

How long *✓*

Are the name, age, sex, color, date and place correctly given above? *yes*

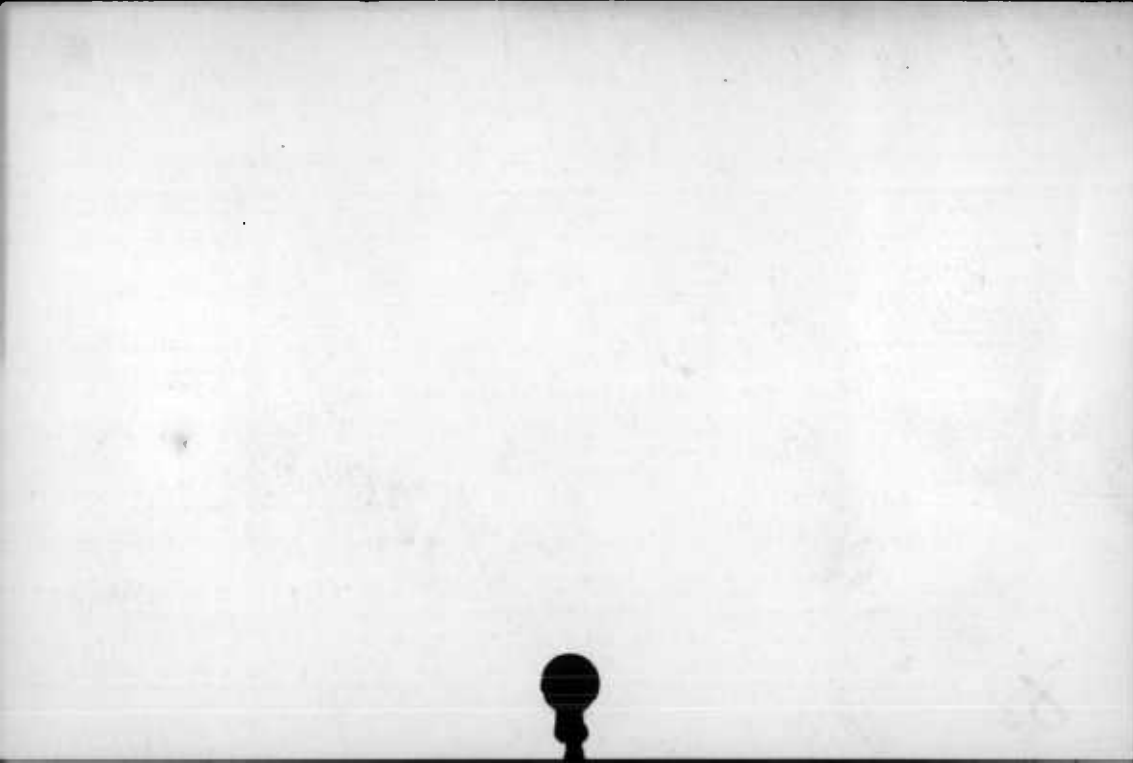
Signature of Physician *Jas H Kennedy*

Address *Abundant Ave*

Accident or Suicide? *8*

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER





Name  
in  
Full

Eleanor Gittings Hutchins

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> *Darlington* <sup>County</sup> *Harford* **MARYLAND**

Date of death 1907 <sup>Month</sup> *12* <sup>Day</sup> *10* Age <sup>Years</sup> *89* <sup>Months</sup> *16* <sup>Days</sup>

Sex *Female* Color or Race *White* Birth-place *Maryland*

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed *widowed* Name of Wife or Husband *Nicholas J Hutchins MD*

Father's Name *Robt J Rooploy* Father's Birthplace *Maryland*

Mother's Maiden Name *Sarah M. Bowser* Mother's Birthplace *Maryland*

Name of person giving information \_\_\_\_\_ How related to deceased \_\_\_\_\_

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary *General Decline* How long *2 yrs.*

Immediate *convulsions, coma* How long *2 hrs.*

Are the name, age, sex, color, date and place correctly given above?

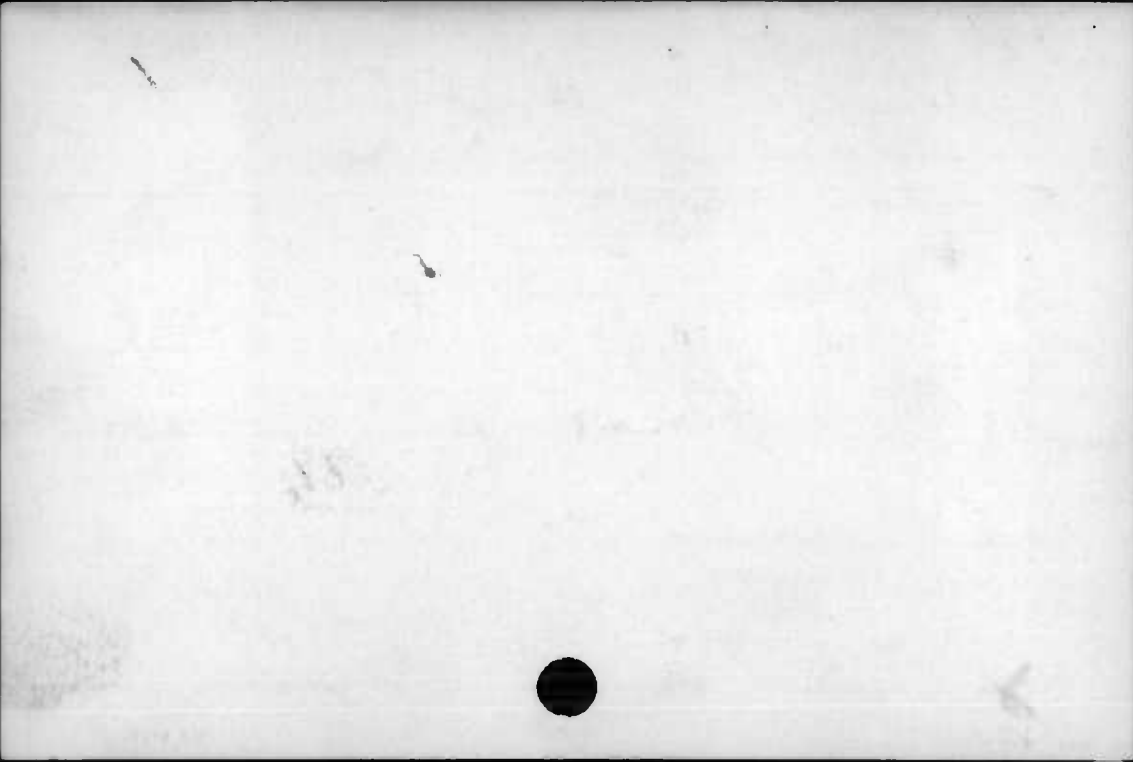
*yes*

Signature of Physician

*W B Kirk MD*  
*Darlington*  
*MD*

Address

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

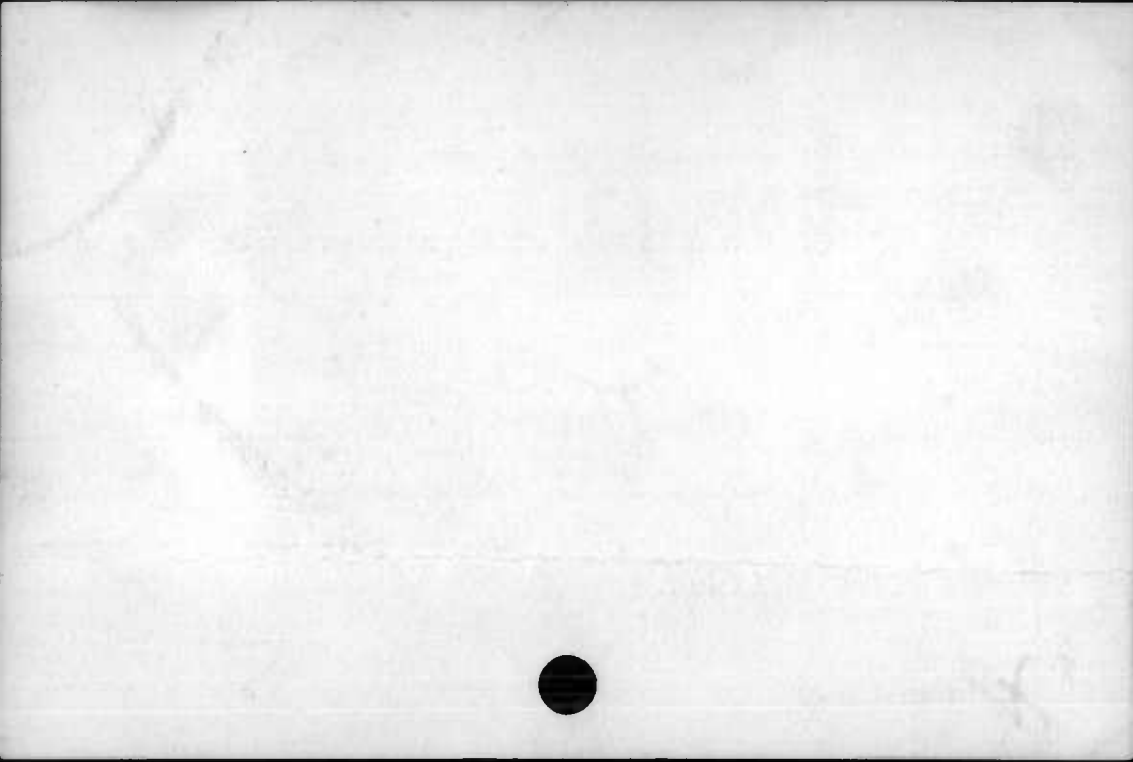
Name in Full <i>Gertrude Etta Johnson</i>		Town <i>Perryman</i>		County <i>Harford</i>		STATE <i>MARYLAND</i>	
Died at <i>Perryman</i>		Month <i>Dec</i>		Day <i>13</i>		Age <i>39</i>	
Date of death <i>1907</i>		Month <i>Dec</i>		Day <i>13</i>		Age <i>39</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Bay View, Cecil Co Md</i>		Months <i>7</i>	
Occupation		Where Residing if not at place of death <i>Perryman, Md.</i>		Days <i>17</i>			
Married, Single or Widowed <i>Married</i>		Name of <del>Wife or</del> Husband <i>Benj F Johnson</i>		Father's Name <i>John W Abrams</i>		Father's Birthplace <i>Cecil Co Md</i>	
Mother's Maiden Name <i>Lucy J. Egan.</i>		Name of person giving information <i>Mrs. Lucy J. Abrams</i>		Mother's Birthplace <i>Cecil Co. Md.</i>		How related to deceased <i>Mother.</i>	

## CAUSES OF DEATH

138

PHYSICIAN  
OR CORONER

Primary <i>Pregnancy</i>		How long <i>12 hrs.</i>	
Immediate <i>Albuminuria</i>		How long <i>12 hrs.</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. H. Stier</i>	
Address <i>Perryman</i>		Address <i>Md</i>	
Accident or Suicide? <i>X</i>			



Name  
in  
Full

Franklin Jones

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

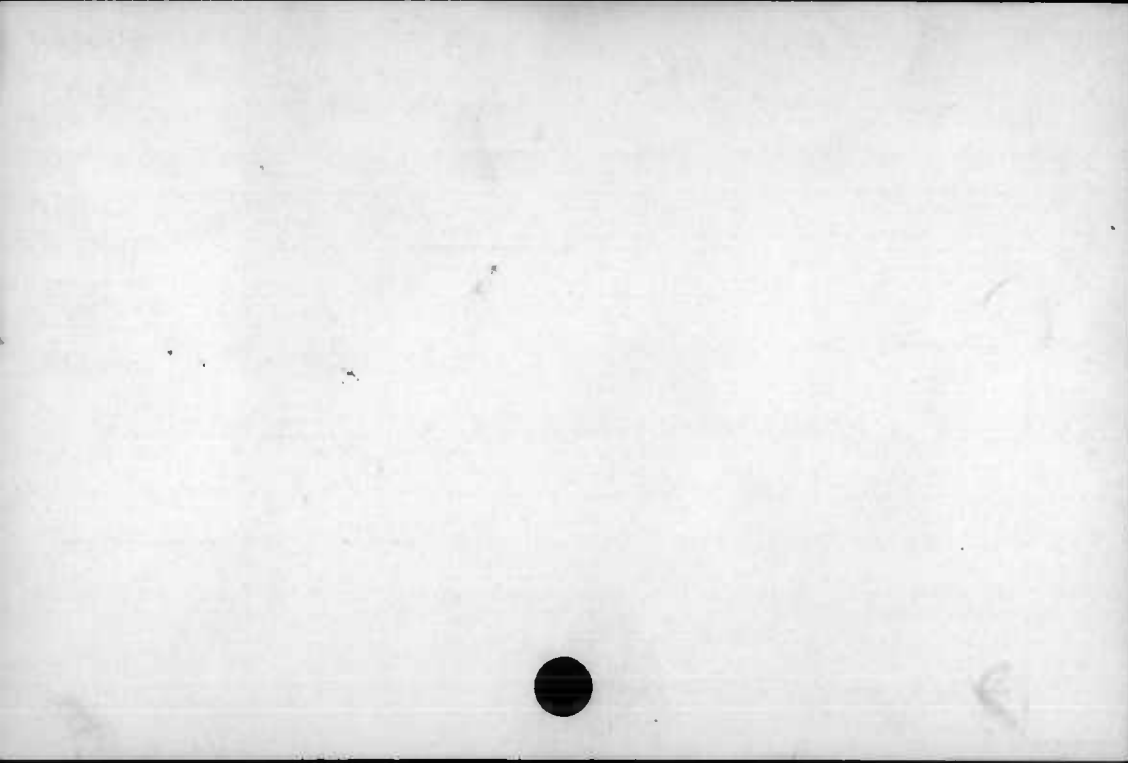
Died at <i>Harre de Grace</i>		Town <i>Harford</i>		County <i>Harford</i>		MARYLAND	
Date of death <i>1907</i>		Month <i>Dec.</i>		Day <i>10</i>		Age <i>23</i>	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Harford Co.,</i>			
Occupation <i>Laborer</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>- - - -</i>					
Father's Name <i>Rufus Jones</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving information <i>Mary Mitchell</i>		How related to deceased <i>none</i>					

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>Several months</i>
Immediate " <i>Hemorrhage</i>	How long <i>'</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. L. Hopkins</i>
<i>J</i>	Address <i>Harre de Grace</i>
	<i>Henry McEal L.R.</i>
Accident or Suicide?	



Name  
in  
Full

*Luther Jones*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Whitford* <sup>Town</sup> *Hanford* <sup>County</sup>  
 Date of death *1907* <sup>Month</sup> *Oct* <sup>Day</sup> *15<sup>th</sup>* <sup>Age</sup> *5* <sup>Years</sup> *5* <sup>Months</sup> *5* <sup>Days</sup>  
 Sex *Male* Color or Race *White* Birth-place *Whitford*  
 Occupation *—* Where Residing if not at place of death

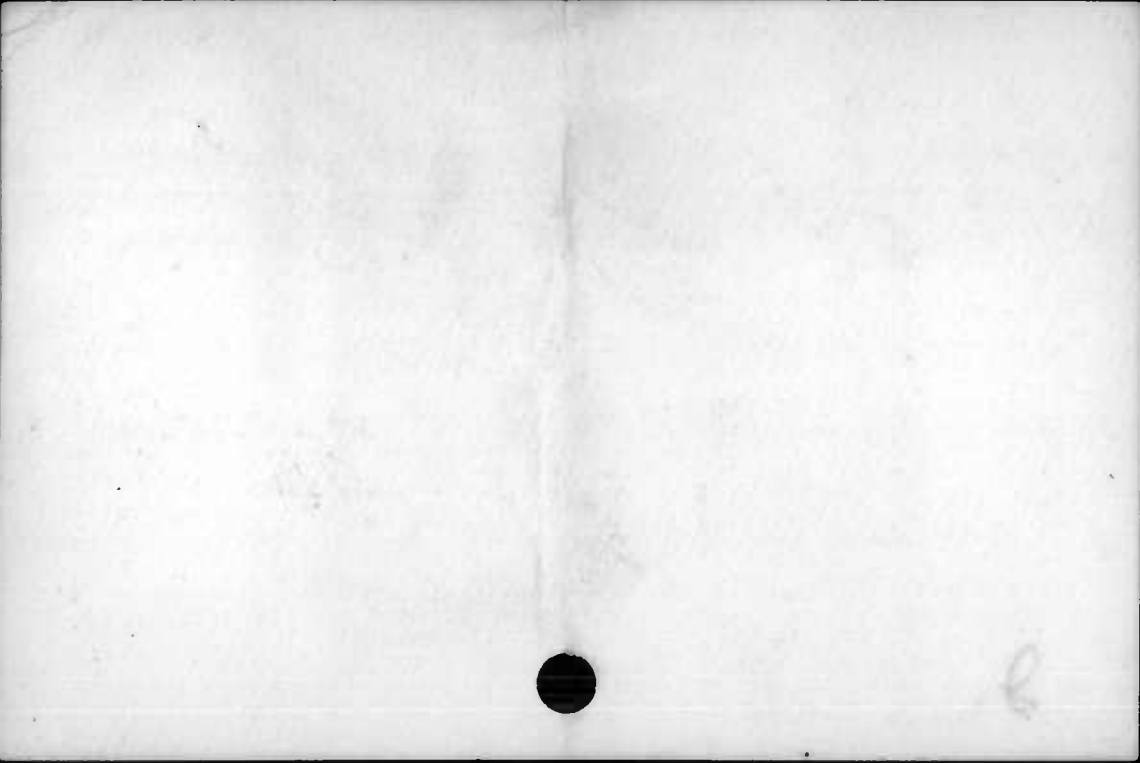
Married, Single or Widowed *—* Name of Wife or Husband  
 Father's Name *Benj. H. Jones* Father's Birthplace *Whitford*  
 Mother's Maiden Name *Ann Barrett* Mother's Birthplace  
 Name of person giving information *Benj. H. Jones* How related to deceased *Father*

CAUSES OF DEATH

*179*

PHYSICIAN  
OR CORONER

Primary *Marasmus* How long *2nd month*  
 Immediate *"* How long  
 Are the name, age, sex, color, date and place correctly given above? *Yes*  
 Signature of Physician *Dr. E. Arthur*  
 Address *Cardiff Md*  
 Accident or Suicide? *No*





Name  
in  
Full

Leonard Calvin ~~Atwell~~ Knopp

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

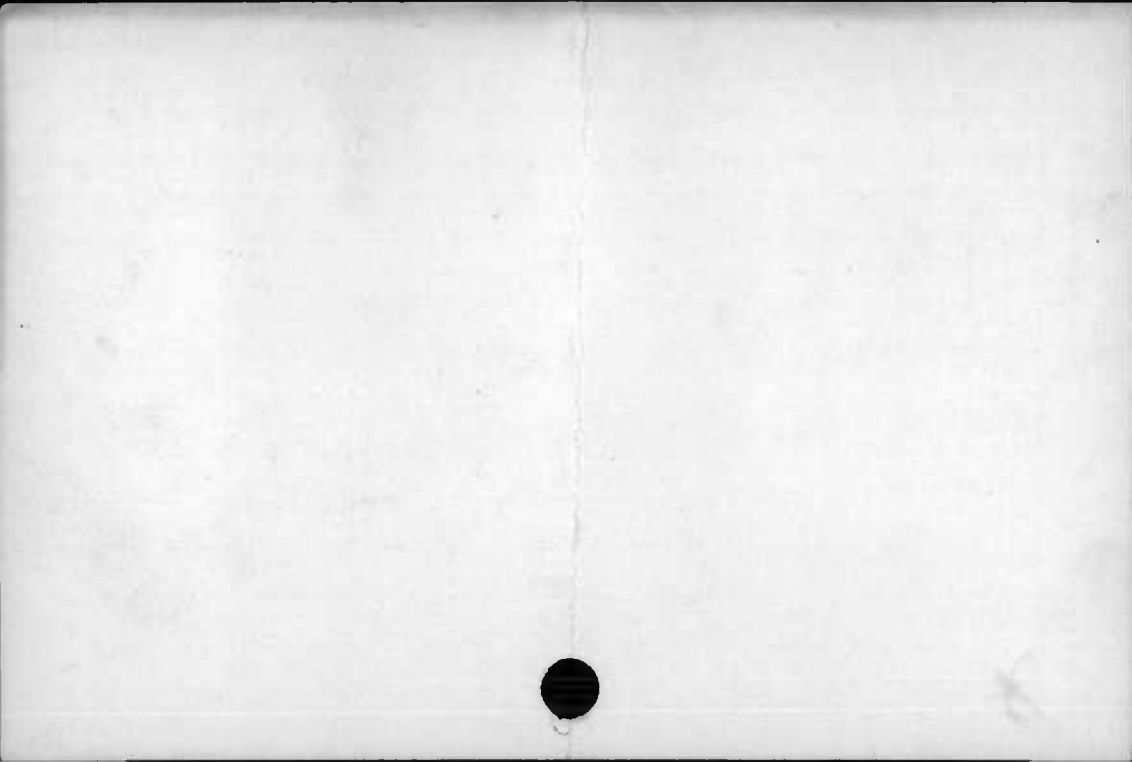
Died at <u>Corear</u> <small>Town</small>		<u>Harford</u> <small>County</small>		MARYLAND	
Date of death	1907	Month	December	Day	28
Age		Years		Months	2
Sex		Color or Race		Birth-place	Corear
Occupation		Where Residing if not at place of death			
Married, Single or Widowed	single		Name of Wife or Husband		
Father's Name	Daniel Knopp		Father's Birthplace		
Mother's Maiden Name	Lilley M Matthews		Mother's Birthplace		
Name of person giving information	Daniel Knopp		How related to deceased		
		Father			

CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary	Marasmus	How long	2 or 3 weeks
Immediate	Marasmus	How long	2 or 3 weeks
Are the name, age, sex, color, date and place correctly given above?		Yes.	
Signature of Physician		Vallie Hawkins	
Address		Fawn Group - P3	
Accident or Suicide?			



Name  
in  
Full

Henry Clay Michael

## CERTIFICATE OF DEATH

Died <sup>Town</sup> near Abundum<sup>County</sup> Harford

MARYLAND

Date of death 1907 <sup>Month</sup> Dec. <sup>Day</sup> 29Age <sup>Years</sup> 79<sup>Months</sup> 6<sup>Days</sup> 6

Sex Male

Color or  
Race

White

Birth-  
place

Harford Co. Md.

Occupation

Carpenter

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
Husband

Cornelia

Courtney

Father's  
Name

Henry Michael

Father's  
Birthplace

Harford Co. Md.

Mother's  
Maiden Name

Effie Courtney

Mother's  
Birthplace

Harford Co. Md.

Name of person giving  
In formation

Mrs. Ava Swill

How related  
to deceased

Daughter

## CAUSES OF DEATH

91

Primary

Chronic Bronchitis

How long

2 Years

Immediate

Exhaustion

How long

one week.

Are the name, age, sex, color, date  
and place correctly given above?

yes -

Signature of  
Physician

Chas. H. White

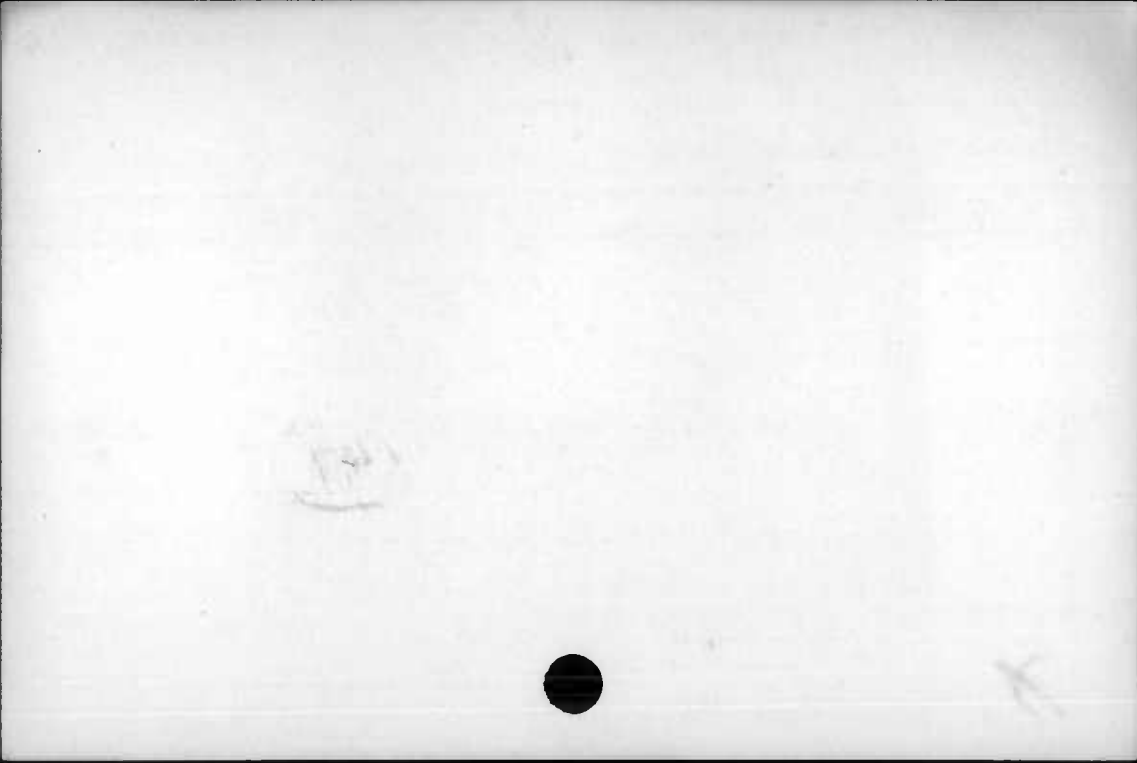
Address

Abundum

Md.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

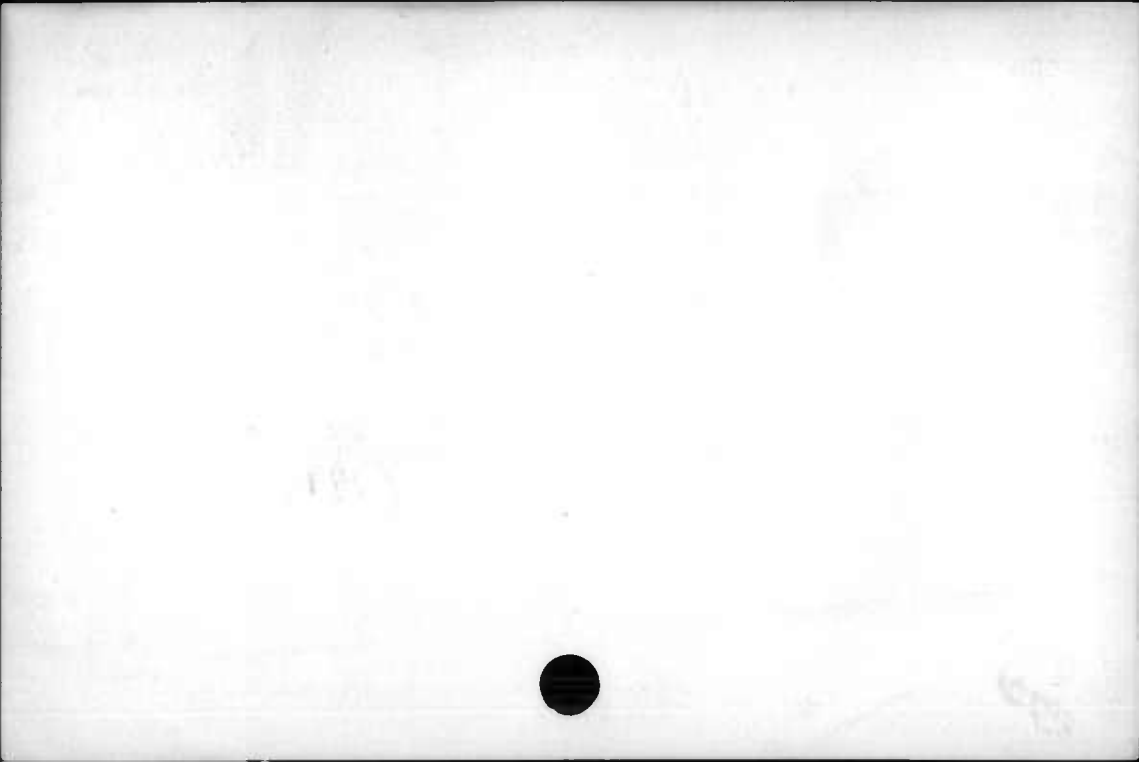
Name in Full <i>Margaret R. Mickall</i>		Town <i>Bel Air</i>		County <i>Harford</i>		State <i>MARYLAND</i>	
Died at <i>Bel Air</i>		Month <i>Dec</i>		Day <i>4</i>		Age <i>69</i>	
Date of death <i>1907</i>		Month <i>Dec</i>		Day <i>4</i>		Age <i>69</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ind.</i>			
Occupation <i>Housekeeper</i>		Where Residing if not at place of death <i>Bel Air Ind.</i>					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>George T. Mickall</i>					
Father's Name <i>John T. Fickett</i>		Father's Birthplace <i>Ind.</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>—</i>					
Name of person giving information <i>Myrtle Chesney</i>		How related to deceased <i>Daughter</i>					

## CAUSES OF DEATH

47

PHYSICIAN  
OR CORONER

Primary <i>Rheumatic Endocarditis</i>	How long <i>8 years</i>
Immediate <i>Cardiac Dysrhythmia</i>	How long <i>4 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Russell S. Dappington</i>
	Address <i>Bel Air.</i>
Accident or Suicide? <input checked="" type="checkbox"/>	



Name  
in  
Full

Edward Parker

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

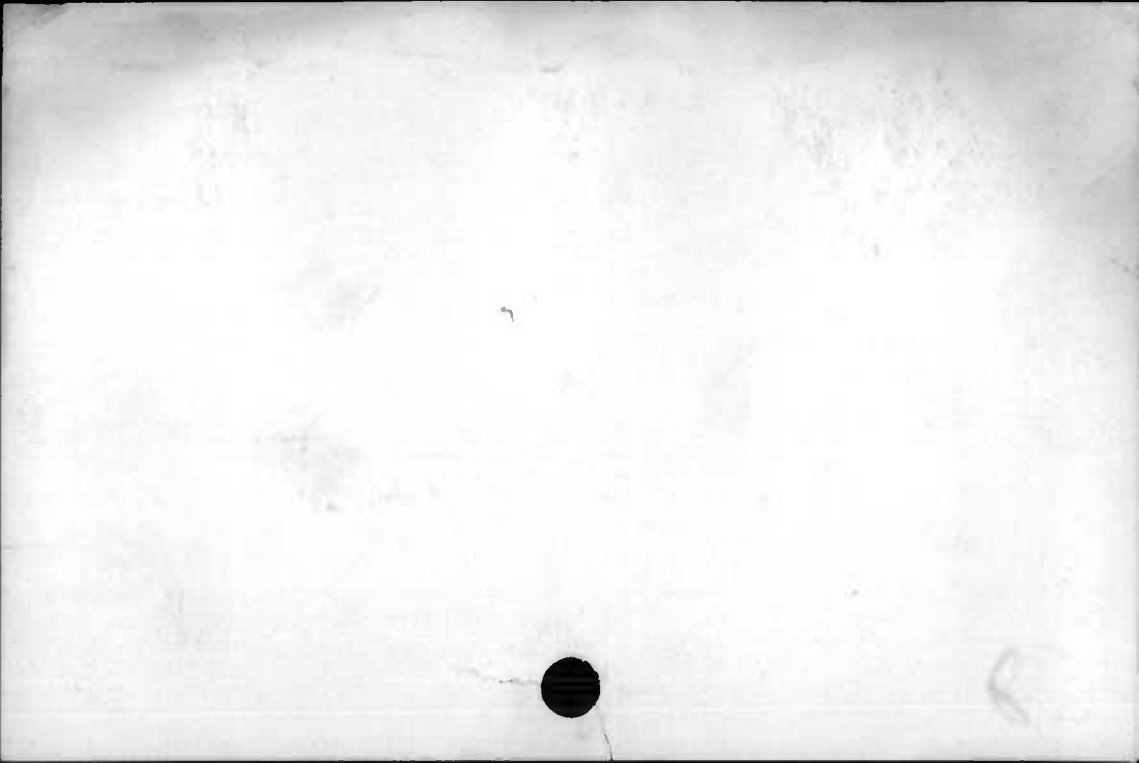
Died at		Town Darlington		County Harford		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1907		Dec	31	91			
Sex		Color or Race		Birth-place			
Male		White		Harford Co Md			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Widower				Louisa Wheeler			
Father's Name				Father's Birthplace			
Joseph Parker				unknown			
Mother's Maiden Name				Mother's Birthplace			
Marjory Price				unknown			
Name of person giving information				How related to deceased			
D. E. Price				Nephew			

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary	Old age with heart failure	How long	~ ~ ~ ~ ~
Immediate	Heart failure	How long	Gradual for 3 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Ephraim Hopkins	
Accident or Suicide?		Address	
		Darlington	





Name  
in  
Full

Mary L. Pearson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

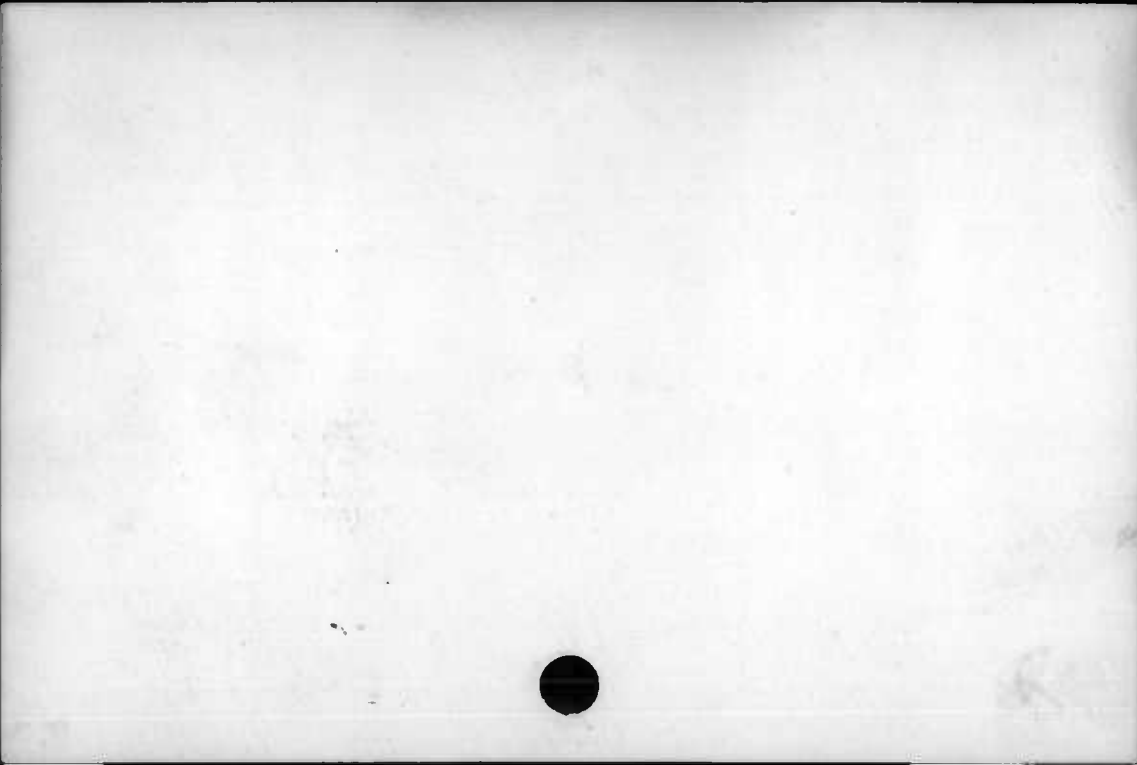
Died at <b>Harve de Grace</b> <sup>Town</sup>		<b>Harford</b> <sup>County</sup>		MARYLAND	
Date of death <b>1907</b>	Month <b>Dec.</b>	Day <b>29</b>	Age <b>—</b>	Months <b>—</b>	Days <b>7</b>
Sex <b>Female</b>	Color or Race <b>Black</b>		Birth-place <b>Harve de Grace</b>		
Occupation <b>None</b>			Where Residing if not at place of death " " "		
Married, Single or Widowed <b>Single</b>		Name of Wife or Husband <b>None</b>			
Father's Name <b>Robert Pearson</b>			Father's Birthplace <b>Virginia</b>		
Mother's Maiden Name <b>Mattie Bristy</b>			Mother's Birthplace <b>Perryman</b>		
Name of person giving information <b>Mattie Bristy</b>			How related to deceased <b>Harford Co., mother</b>		

## CAUSES OF DEATH

72

PHYSICIAN  
OR CORONER

Primary <b>Tetanus</b>	How long <b>36 hours</b>
Immediate <b>Convulsions</b>	How long <b>7</b>
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>	Signature of Physician <b>R. H. Smith</b>
	Address <b>Harve de Grace</b>
Accident or Suicide?	<b>Yes</b>



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Dorothy M. Small

Died at *Neon Vale* <sup>Town</sup>*Harford* <sup>County</sup>

MARYLAND

Date of death 190 *7* <sup>Month</sup> *Dec* <sup>Day</sup> *18* <sup>Years</sup> *5* <sup>Months</sup> *—* <sup>Days</sup> *—*Sex *Female* Color or Race *White* Birth-place *Belair*Married, Single or Widowed *—* Occupation *—*Name of Wife or Husband *—*Father's Name *James E. Small* Father's Birthplace *Balto Co.*Mother's Maiden Name *Roberta M. Smith* Mother's Birthplace *Belair Md*Name of person giving information *Mrs Small* How related to deceased *Grand Mother*

## CAUSES OF DEATH

104

PHYSICIAN  
OR CORONERPrimary *Acute Indigestion* *12 hours*Immediate *Dysentery*

Are the name, age, sex, color, date and place correctly given above?

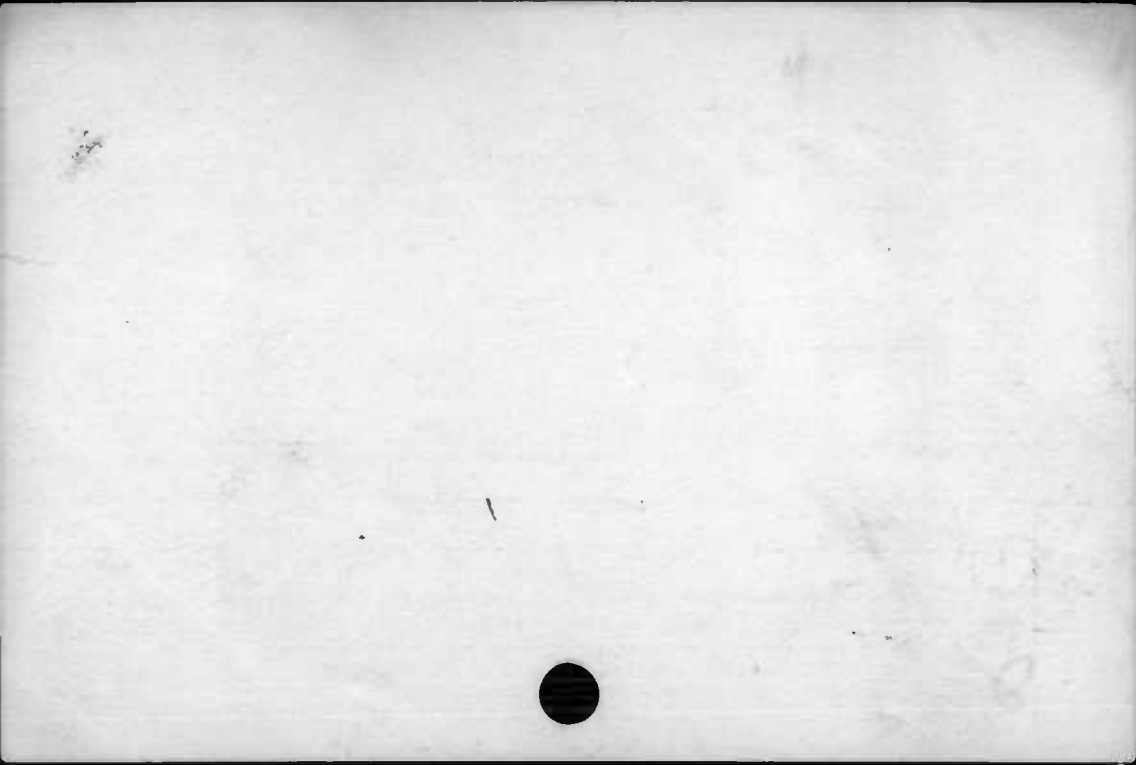
*Yes*

Signature of Physician

Address

*Belair*

Accident or Suicide?



Name  
in  
Full

Stewart

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Rocks</i>		Town <i>Stewart</i>		County <i>Harford</i>		MARYLAND							
Date of death <i>1907</i>		Month <i>December</i>		Day <i>6<sup>th</sup></i>		Age <i>-</i>		Years <i>-</i>		Months <i>-</i>		Days <i>-</i>	
Sex <i>Female</i>				Color or Race <i>white</i>				Birth-place <i>near Rocks Md</i>					
Occupation <i>-</i>						Where Residing if not at place of death <i>-</i>							
Married, Single or Widowed <i>-</i>						Name of Wife or Husband <i>-</i>							
Father's Name <i>Harry Stewart</i>						Father's Birthplace <i>Harford Co Md</i>							
Mother's Maiden Name <i>Della Knopp</i>						Mother's Birthplace <i>" " "</i>							
Name of person giving information <i>-</i>						How related to deceased <i>-</i>							

## CAUSES OF DEATH

How long

How long

PHYSICIAN  
OR CORONER

Primary

*Still Borne*

Immediate

Are the name, age, sex, color, date and place correctly given above?

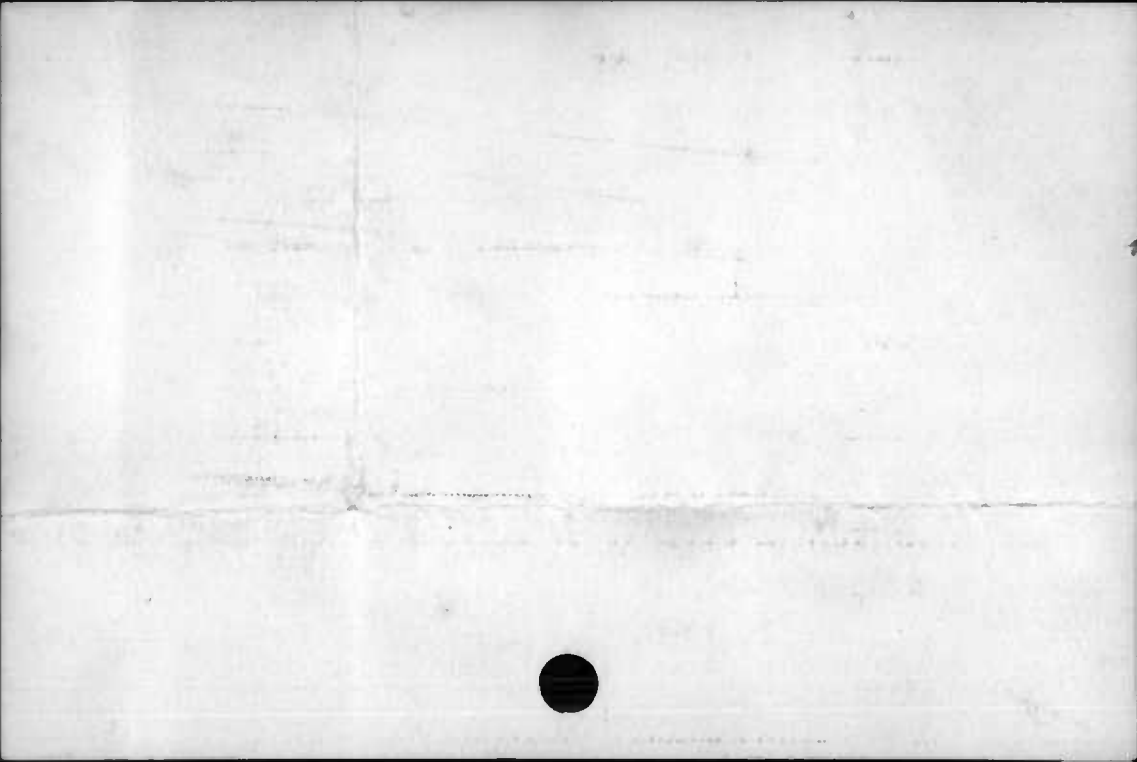
*yes -*

Signature of Physician

Address

*Charles W. Gammon*  
*Steele Co.*  
*Md.*

Accident or Suicide?



Name  
in  
Full

Valandingham Wailes

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> *Cardiff* County <sup>County</sup> *Harford* MARYLAND

Date of death 1907 <sup>Month</sup> *12* <sup>Day</sup> *25* Age <sup>Years</sup> *12* <sup>Months</sup> *9* <sup>Days</sup> *2*

Sex *Male* Color or Race *White* Birth-place *12*

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

☒ Single  
☐ Married

Name of Wife or Husband \_\_\_\_\_

Father's Name *Chas Wailes*Father's Birthplace *Pa*Mother's Maiden Name *Susan Smith*Mother's Birthplace *12*Name of person giving Information *Chas Wailes*How related to deceased *Father*

Irregular vein was severed and  
patient bled to death before a

## CAUSES OF DEATH

being struck by a portion of a  
bursting gun barrel in another

physician could reach him.

( 6 6 )

party's hand, who was shooting  
at clay pigeons.

PHYSICIAN  
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

*yes*

Signature of Physician

Address

*J. O. Stearns* Coroner  
*Whiteford*  
*MD*

Accident or Suicide?

*Accident*

Int Olivet

12-28-07



Name  
in  
FullMard ~~Stillborn~~ Infant Mard

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

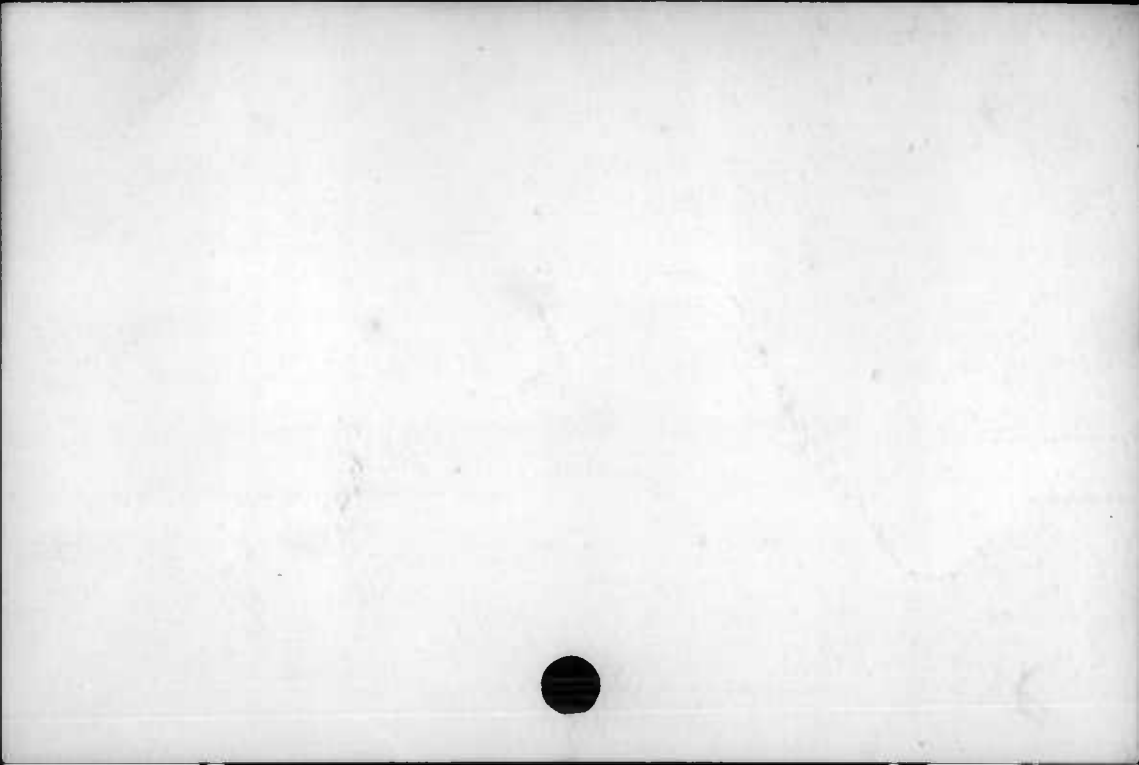
Died at		Town <i>Harre de Grace</i>		County <i>Harford</i>		MARYLAND	
Date of death		Month <i>Dec</i>	Day <i>1</i>	Years <i>—</i>	Months <i>—</i>	Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Harre de Grace</i>			
Occupation <i>none</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>George E. Mard</i>		Father's Birthplace <i>Lancaster Co. Pa.</i>					
Mother's Maiden Name <i>Marrian L. Whitlock</i>		Mother's Birthplace <i>Level. Harford Co. Md.</i>					
Name of person giving information <i>George E. Mard</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

157

PHYSICIAN  
OR CORONER

Primary <i>Premature birth</i>	How long <i>—</i>
Immediate <i>Heart Complications</i>	How long <i>From birth</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R. W. Squish</i>
	Address <i>Harre de Grace Md</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

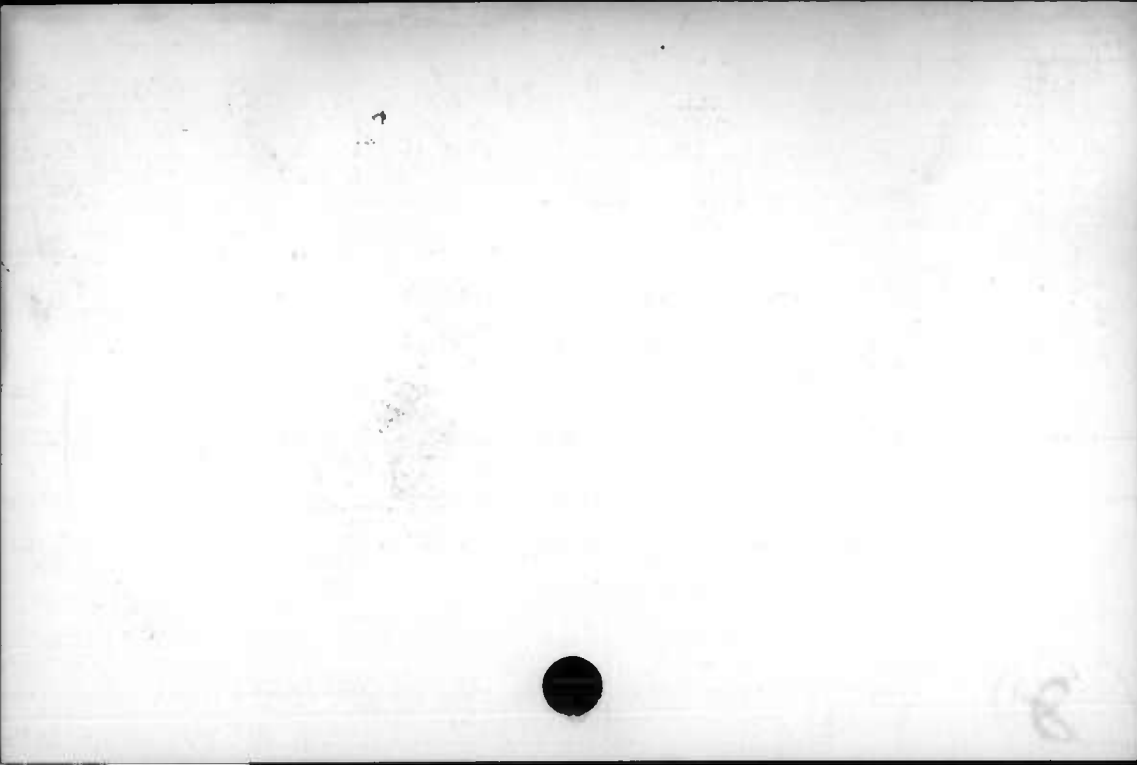
Died at <i>Bel Air</i> <sup>Town</sup>		<i>Harford</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907</i>	<i>Dec</i> <sup>Month</sup>	<i>12</i> <sup>Day</sup>	Age <i>82</i> <sup>Years</sup>	<i>2</i> <sup>Months</sup>	<i>2</i> <sup>Days</sup>
Sex <i>Male</i>	Color or Race <i>White</i>		Birthplace <i>Ireland</i>		
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>Bel Air</i>				
Married, <input checked="" type="checkbox"/> Widowed	Name of Wife <i>Bridget Whalane</i> Husband				
Father's Name <i>James Whalane</i>	Father's Birthplace <i>Ireland</i>				
Mother's Maiden Name <i>Ellen Murphy</i>	Mother's Birthplace <i>Ireland</i>				
Name of person giving information <i>Margaret Whalane</i>	How related to deceased <i>Daughter</i>				

## CAUSES OF DEATH

1374

PHYSICIAN  
OR CORONER

Primary <i>Senile decay -</i>	How long <i>Several years -</i>
Immediate <i>Cardiac asthma</i>	How long <i>few hours -</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes -</i>	Signature of Physician <i>A. F. Van Bibber</i>
	Address <i>Bel Air Md.</i>
Accident or Suicide? <i>No.</i>	



Name  
in  
Full

Sarah Wheems

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died <u>near Aberdeen</u> <sup>Town</sup>		<u>Stanford</u> <sup>County</sup>		MARYLAND	
Date of death <u>1907</u>	Month <u>12</u>	Day <u>9</u>	Age <u>—</u> <sup>Year</sup>	Months <u>3 mo</u>	Days <u>—</u>
Sex <u>Female</u>		Color or Race <u>Negro</u>		Birth-place <u>Aberdeen</u>	
Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Howard Wheems</u>			Father's Birthplace <u>Stanford Co.</u>		
Mother's Maiden Name <u>Maggie Samuels</u>			Mother's Birthplace <u>Chesfield, Md</u>		
Name of person giving information <u>Howard Wheems</u>			How related to deceased <u>Father</u>		

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <u>Tuberculosis</u>	How long <u>3 mo</u>
Immediate <u>Same</u>	How long <u>do</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. W. Murray</u>
<u>Do</u>	Address <u>Aberdeen</u>
Accident or Suicide? <u>No</u>	<u>Wheems</u>

